



Breastfeeding

Follow-up booklet - Finding your way at the maternity ward

H1

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02 Welcome

Congratulations on the birth of your baby! Your discovery journey can begin. We wish you a pleasant stay in our maternity ward. Here you will find information on breastfeeding and tips to help you on your way with your newborn baby.

The World Health Organisation is a strong advocate of breastfeeding. They recommend exclusively breastfeeding for the first six months of your baby's life.

Breastfeeding, so natural but we still like to help you get started.

Maternity ward (department H1)

03 Baby's first report card

My name is

My mother's name is

I was born on

I weigh

I am tall.

I got to grow in my mothers's tummy forweeks.

The midwife who was at my delivery

I got my heel prick on / / 20

I was allowed to go home on: / / 20

I weighedwhen we were allowed to go home.



The rules of thumb according to WHO and UNICEF for successful breastfeeding

- The hospital has a breastfeeding policy. All staff involved are aware of it.
- Every staff member, involved in mother-child care, learns the skills necessary to implement the breastfeeding policy.
- All pregnant women are educated on the benefits and practices of breastfeeding.
- After birth, mother and baby have undisturbed skin-to-skin contact for at least an hour. If necessary, midwives offer help with this so that the mother recognises her baby's signals of wanting to suckle!
- Midwives teach each mother the correct latching techniques. The mother is also taught how to maintain milk production even when mother and child are separated.
- Newborns are exclusively breastfed unless otherwise decided after medical advice.
- Mother and child stay together day and night (rooming-in).
- Breastfeeding at the baby's request is encouraged.
- When breastfeeding, the baby is not offered teats or dummies.

The rules of thumb according to WHO and UNICEF for successful breastfeeding

- The midwives inform every mother of the existing breastfeeding groups upon discharge from the hospital.

04 Benefits of breastfeeding

For your baby

- The composition of breast milk is more digestible and always adapted to your baby.
- It is the best food for your baby.
- It ensures better development of jaw and mouth muscles.
- It provides greater protection against infections such as respiratory, urinary and intestinal infections, ear infections and meningitis.
- Prevention of obesity, diabetes and cardiovascular disease later in life.
- It enhances brain development and nervous system development.
- You are providing important antibodies that he cannot yet produce himself.
- Less risk of eczema and allergies.

For you

- It creates a stronger bond between mother and child.
- You have less blood loss, your uterus contracts better during feeding.
- Reduced risk of ovarian and breast cancer.
- Faster return of weight after pregnancy.
- Breastfeeding is cheaper.
- No hassle with sterilising and preparing bottles.

As health professionals, we think it's important that you know this. Obviously, you have to fit this into your own living and working situation. The most important thing is that you breastfeed for as long as you and your baby are comfortable with it.

Breastfeeding, we are happy to help you get started

How do I know when my baby is hungry?

	Your baby is licking their hands.
	Your baby is balling fists.
	Your baby turns its head and looks for the breast.
	Your baby brings the hands to his or her mouth.
	Your baby makes a tense impression (mummy too late, I'm angry).



Your baby starts crying (mummy too late, I'm angry).

Images from Child and Family

How often does my baby drink?

You put the baby to the breast as often and as long as he asks for it. This promotes milk production and gives the baby the nutrients he needs. For the first few days, make sure your baby gets at least eight to 12 feedings a day (over 24h). Feed on demand!

When your baby drinks, the breastfeeding hormones are triggered and more milk will be produced. If he does not wake up by himself, you may take him to you (if possible skin-to-skin contact) or change the nappy. If he wakes up earlier, he may also eat earlier. His stomach is the size of a marble and breastfeeding is digested faster, which in turn makes him want to eat faster.

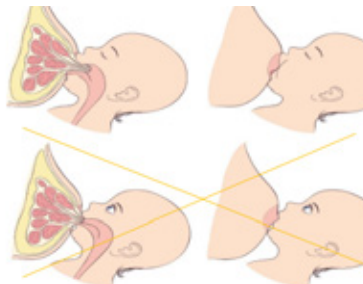
The more your baby drinks the higher the hormone levels and the more milk production there will be.

Advantages of frequent latching

	For the baby
-	Less weight loss.
-	He is becoming less yellow.
-	He has a nice feeling with mum.
-	He becomes calmer and his breathing is more stable.
-	Sugar levels will increase, this is positive for the brain.
	For the mum
-	Your milk production will start faster.
-	You have less congestion.
-	You will be able to breastfeed longer.
-	You will have shorter bleeding.

How do I teach my baby to latch on properly?

- Your baby's nose should be at the level of your nipple when sucking. The mouth comes up when he opens it.
- When his mouth is wide open, bring his chin up to your breast so he can latch on. Both the nipple and part of the areola are then in his mouth.
- The lips are curled outwards. Be sure to check this at the bottom or ask the midwife to check.



How can I tell if my baby is correctly positioned?

- He lies with his belly **right** against your belly.
- His head can move **freely**.
- His head, shoulders and hips should be **aligned**.
- When he drinks, you can see that there are **movements** at the height of his temples.



How do I know if my baby is getting enough milk?

Latch your baby on, at the first breast, try to always offer the second breast as well. If he does not wake up by himself, you may take him to you or change his nappy. If he wakes up earlier, he may also eat earlier. Every feeding is different. He learns to latch on and drink better every day. Give your baby another chance to burp by holding him upright. Get good support from the midwives.

The first few days it is a few drops of milk, these give a bomb of energy. His stomach is only the size of a marble, so a few drops will suffice. It is also normal for it to lose weight in the first few days. If your baby has been drinking well and you have heard him swallow and suck in big gulps, he will be relaxed after the feed and fall asleep spontaneously. It is normal for babies to want to drink more often in the evening. Weight loss of up to 7% in the first week is normal. His birth weight will be regained around day 14. While feeding, you may feel languid, sleepy. Your uterus will also contract more under the influence of hormones. This may feel like menstrual pain or post-partum pains.

Should I wake my baby to drink?

YES	NO
If he prefers to continue sleeping instead of drinking well regularly.	Provided he drinks every 3 hours of drinking. <i>Recognise hunger signals.</i>

Tips for waking your baby gently



- Take away the blanket.
- Massage his hands, back or legs.
- Cradle your baby gently.
- Offer your breast.
- Apply a few drops of milk to his lips.
- Massage the mouse of his thumb.
- Ensure skin-to-skin contact.
- Change his pamper.

If your baby is not awake by then, do not hesitate to ask for help.

How do I know if my baby is happy?

Your baby is satisfied when he is **calm** after feeding. It is important that he gains weight after a few days. When you are at home, your baby should have a minimum of **six wee nappies** a day.

Constipation and wet nappies

 UREN NA DE BEVALLING	 AANTAL NATTE LUIERS (MINIMUM)	 AANTAL STOELGANGLUIERS (MINIMUM)	 KLEUR STOELGANG
0 TOT 24 UUR	1	1	
24 TOT 48 UUR	2	2	
48 TOT 72 UUR	3	3	
NA 3 DAGEN	4	4	
NA 6 DAGEN	6	4	

Breastfeeding and your partner

Breastfeeding is not easy for all mothers from the start. Talk about it so your partner feels supported and not alone. It is your choice to breastfeed your baby together. Support her even when well-meaning advice comes from outside. Try to limit visits for your new family so that you have peace of mind. Show your interest in breastfeeding and your partner's feelings.

She won't have it easy at times. The mother has to breastfeed and there is little you can do to help, but you can help with your baby's care (changing nappies, giving baths, playing, cuddling...) to strengthen the bond with your baby. As a partner, you can also learn to recognise hunger signals and check if your baby is drinking well. Be understanding if she had a shorter night and compliment her.

06 The breastfeeding positions

It is very important that both mother and baby are comfortable and in a relaxed position sitting/lying.

Basic principle

1. Baby is brought to the breast.
2. Ear, shoulder and hip aligned.
3. Belly to belly.
4. The head should be able to move freely.

Moreover, it is very important that mum and child are not separated. This is how you learn:

- your baby and his habits;
- to recognise early hunger signals, this can give you faster and shorter feedings.



Biologic nurturing, also called instinctive feeding

A baby has several innate reflexes that help it after birth. For example, a baby can crawl to its mother's breast and find the nipple all by itself after birth. He also has a reflex in which he lifts his head. With his head lifted, he can orientate himself and, once he lands in the right place, take a big bite.



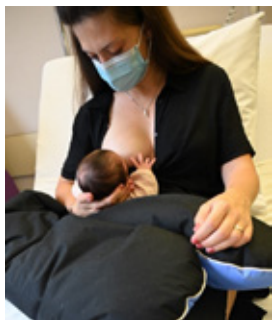
Madonnahouding

Make sure your shoulders and back are adequately supported. Hold your baby in your arms and support his back and head very well. A (breastfeeding) pillow can help relax your supporting arm.



Side position

This is a comfortable position just after childbirth, especially in case of a painful cut or night feeds. Lie on your side with a pillow under your shoulder and behind your back and possibly with an arm under your head. Lay your baby with its belly against your stomach and with its nose at the level of your nipple. Avoid your baby rolling away.



Rugby posture

Legs and torso lie backwards against your side on a pillow. His head and body are supported by your hand and forearm. Support your arm well with a pillow.

07 Pumping

Why pump?

- Prematurity
- Difficult start such as breast refusal, 'sluggish baby', congenital anomaly
- Severe congestion
- Temporary interruption of breastfeeding (mother's medication, baby's illness)
- Breast surgery in the anamnesis
- Sore nipples, retracted nipples

Breast massage

- More milk volume after massage.
- Better milk flow.

Hygiene rules

- Wash your hands.
- Do not wash too much or you will remove the protective layer.
- Take a comfortable position and relax.
- Rub a drop of breast milk on the nipple.

Electric pumping

From the second day, pump electrically at least 8 times a day, every 3 hours (including at night).

It is important to use the **right size of pumping unit** . The nipple should not rub the shaft of the pumping set.

Single-sided pumping - Schedule

- Chest massage
- 7 min. - 7 min.
- Chest massage
- 5 min. - 5 min.
- Chest massage
- 3 min. - 3 min.

This constant alternation aims to trigger a letdown reflex each time. When milk flow is good, you can switch to double-sided pumping. Advantage: shorter duration. It requires a dexterity, you have to learn it.

Double-sided pumping - Schedule

- Chest massage
- Pump for 5 min - pump both breasts at the same time
- Chest massage
- Pump for 5 min - pump both breasts at the same time
- Chest massage
- Pump for 5 min - pump both breasts at the same time

Note: your baby can extract more milk from your breast than a pumping device.

Maintaining production

- Pump until the milk flow stops (about 10 minutes), then switch breasts and repeat the pumping once more on both sides (several minutes).
- In a premature infant, it is appropriate to pump more than the amount of breast milk taken.
- When practising latching on, always pump afterwards, once on both sides. This depends on how well the baby drinks and how often mum pumped before.

Manual pumping

Pumping by hand is a fairly simple technique. However, it is recommended to ask a midwife for help to see if you are doing it right. Practice makes perfect. The more you master it, the shorter the pumping session and the higher the milk production. Pumping by hand gives many women more and fatter milk than if they pumped with a pumping machine. It is not a difficult technique, but it does take some practice. Be careful though, pushing or pulling hard on the nipple can damage breast tissue.

When to pump manually?

- If your baby won't drink.
- As long as you have colostrum (first 24-48 hours).
- To relieve your breasts from increased engorgement and make it easier for your baby to latch on.
- For flat or retracted nipples to make the nipple come out more.

Advantages

- There is a good teething reflex through direct skin contact.
- Better yield of colostrum.
- It is most similar to how your baby drinks at your breast. It is not a difficult technique, but it does take some practice.
- It costs nothing.
- You can do it anytime, anywhere.
- It is noiseless.

Technique (manual pumping)

A lot of mums find it pleasant to warm up their breast beforehand with a heat compress or cherry pit pillow. This usually makes the milk flow more easily. Make sure you can adopt a comfortable position. Wash your hands and make sure you have a bowl to collect the milk.

- Give a short massage to make the milk flow easier.
- Massage all around from the outside in.
- Roll top and bottom of the breast towards the nipple.
- Finally, stroke your breast with straight fingers towards the nipple.
- This takes about a minute per breast. If it is sensitive or painful, you may be doing it too firmly.

See the illustration here further for clarification.

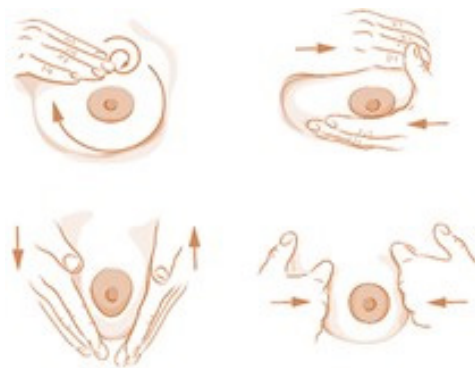


Image from La Leche League

- Take your breast two to three centimetres behind your nipple between thumb, index and middle fingers. Hold your breast between these three fingers. This is the C-grip.
- Push your chest gently but firmly towards the chest.
- Then squeeze gently with a rolling motion towards the nipple.
- Release the pressure and repeat this operation rhythmically until no more milk sprays.
- Move your fingers around the areola to get as much milk out of all the milk ducts as possible.
- Within three to five minutes, the milk flow reduces and you can pump the other breast.
- Each breast can be alternated several times per pumping session. Alternating is important for good milk flow and to avoid pain.
- Move your thumb and finger around the nipple to also pump the other areas.

See the illustration here further for clarification.

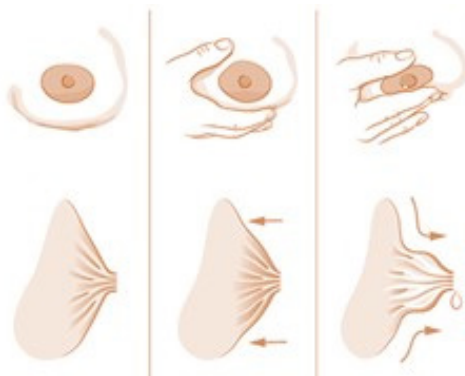


Image from La Leche League

08 Storage of breast milk

Optimal storage time

Freshly pumped breast milk	
Room temperature (16-29°)	4 hours*
Refrigerator (4°)	4 days**
Freezer (-18°)	6 months***
Cool bag with frozen cooling element (15°)	Max. 24 hours

Thawed breast milk	
Room temperature (16-29°)	2 hours
Refrigerator (4°)	24 hours (back in fridge)
Frozen	Do not refreeze

Leftover warmed breast milk	
Room temperature (16-29°)	1 hour
Frozen	Do not refreeze

*6 hours at low room temperature and under very hygienic conditions

**6 days under very hygienic conditions

*** to 12 months acceptable

Facts

- On average, breastfed babies drink 60 to 120 ml per feeding, 8 to 10x/day. So it's best to store breast milk in small portions of 60 to 120 ml. Then you will have to throw away less and you can defrost the frozen milk quickly.
- A breast milk storage bag frozen horizontally defrosts faster than one frozen upright. Under a lukewarm spray, it only takes a few minutes.

Source: Child and Family - breastfeeding brochure

Inconveniences during breastfeeding period

Breastfeeding seems natural. Yet problems often arise due to a lack of knowledge about breastfeeding. If you prepare well for breastfeeding during your pregnancy, you can prevent or solve these problems. This knowledge can boost your self-confidence in a period full of changes brought on by the birth of your baby. As a result, you will end up breastfeeding for longer and, above all, enjoy doing it.

Cracked nipples

Cracked nipples are the most common problem during the first few days of breastfeeding. You can prevent cracks by:

- correct latching (ask for help with this in the first few days);
- alternate the latching position;
- manually pump milk after feeding and let it dry on the nipple.

If you do have a nipple crack, contact your midwife/lactation consultant.

Regulation days: principle of supply and demand

Regulated days are a matter of supply and demand. Your baby is growing, he needs more milk and will therefore want to drink more often, sometimes even every hour. The more your baby drinks, the more hormones are produced and the more breast milk you will make.

Sucking → Empty breasts → Milk production hormone is produced
→ More milk production

Regulation days come around day 10, at 3 and 6 weeks, at 3 and 6 months. These times are not strict. They are only temporary. Your baby is growing and asking for more food. It's just part of the deal. During the regulation days, take extra rest and drink enough. After 1 to 4 days it will be stable again and there will be more time between feedings.

Engorgement

Engorgement comes around the 3rd or 4th day after delivery. Your breasts feel heavy, full and tense.

What to do?

- Latch your baby on often (best every 2 hours) and change positions regularly.
- Massage your breasts (including in the shower)
- Use a warm gel pillow before feeding so stimulate the flow of milk.
- Use a cold ice bag after feeding this way you relieve pain.
- It can also be useful to pump a little manually before feeding, this reduces tension and so your baby can latch on more easily.

Breast infection

Causes

- Nipple crack
- Bacterial infection
- Clogged milk duct
- Fatigue
- Fungal infection (thrush)
- Stopping night feeds
- Combination of these factors

Symptoms

- Warm red spots on your chest
- Feeding is painful
- Fever $\geq 38.5^{\circ}\text{C}$
- Feeling ill (headache)

Opinion

- Before feeding, warm your breast with compresses.
- Before and during feeding, massage the hard spot with circular movements towards the nipple.

- Always let your baby drink from the sore breast first (it is not a problem to give this milk).
- After 2 hours, repeat what is described above
- Take Paracetamol 1 gram and rest sufficiently (you should take a maximum of 4 tablets/ 24 hours). Alternatively, take Ibuprofen 400/600mg up to 3x/day.
- Symptoms disappear within 24 hours.

Contact a professional counsellor when you:

- experience extreme nipple pain;
- feel a red and/or swollen spot in your chest;
- are insecure and could use a little extra support.

If you still have symptoms after 48h, contact your attending physician. There are several antibiotics that can be given for a breast infection (only on doctor's prescription).

10 The first days

Day 0

As soon as your baby is born, it is laid on your belly. To make the skin-to-skin contact, your baby will stay there as long as possible. We like to let newborn babies cuddle skin-to-skin with mummy for two hours. The hour after your baby is born is also called '**the golden hour**' or 'cuddling hour'. This hour is essential for the bonding between you and your baby. If your baby has a chance to find your breast within an hour of birth, it has a very positive effect on the progress of breastfeeding.

In a caesarean section, the paediatrician is present in the operating theatre. After a few minutes, your baby is laid skin-to-skin (if the condition of mother and baby allows this). The midwife remains present. Depending on how busy the delivery room is, this happens for as long as is desired for you and possible for us. We want to emphasise that skin-to-skin contact is not only possible after birth but at any time that suits you (mother or father and baby). There are many benefits of skin-to-skin contact, both for the mother and the baby.

Advantages

- Skin-to-skin contact strengthens the bond.
- By lying close to you, your baby hears your heartbeat, breathing and voice. This feels familiar to him. This will also give him a normal and stable heartbeat.
- During skin-to-skin contact, your baby will sleep deeper, his breathing will be calmer and his blood oxygen levels will be higher.
- You get to know your baby faster because you can observe him more.
- The baby regulates his own temperature better because it gets your heat.
- He will cry less or not at all and experiences little stress making him calm.
- His blood sugar remains more stable.

Before a feeding, get cosy with your baby. Cuddle and talk to your baby a lot. Take your time. The first milk, the '**colostrum**', is very important. It contains huge amounts of energy-rich nutrients and prepares the intestinal system for life outside the womb. It has also been proven that babies who are breastfed soon after delivery suffer less from 'seeing yellow' and have a longer, successful breastfeeding period. If the first feeding fails, colostrum will be pumped manually and given to your baby via a spoon. On the first day, put your baby on when he is awake but let him rest in between. Take the opportunity to get some rest yourself. Your baby does not need to cry before a feed. Your baby will show hunger signals. He will put his hands over his mouth, make smacking noises and show searching behaviour.

In the first 48 hours, your baby may be troubled by mucus that he has inherited from the womb. He may vomit these mucus and possibly feel less inclined to eat. It is best to put the cot in high position.

We show the first diaper to mum and dad. The first bowel movement is called **meconium**; this is black and sticky. The colour of the stool changes during the stay. The temperature is between 36.5 and 37.5°C and is normally measured 3x/day.



Every day, the paediatrician will visit you and answer all your questions. The first morning after birth, your baby will undergo a complete check-up. Using a whole series of tests, the paediatrician will give your baby a thorough physical and neurological check-up.

We try to ensure good patient safety at the hospital. Therefore, it is important that both you and your baby wear the identification bracelet at all times.

Day 1

Caring for your baby

Today the midwife will give the first bath. If you have had a caesarean section or it is still a bit difficult, we will be happy to show you a day later. The first time the baby is washed with soap, afterwards you should use baby bath oil. Newborn babies are best bathed before feeding.

Your baby's weight

It is normal for newborns to lose weight in the first few days after birth. After an average of 14 days, birth weight is regained. The midwives also monitor this. Try to keep the care and feeding time as close together as possible. Ask for plenty of help during the first few days. Remember that he may still suffer from mucus. The stool is still black today. Your baby should have bowel movements at least once a day.

Skin-to-skin contact

Babies have a high need of skin-to-skin contact. They need physical touch and cuddles and your smell. Skin contact provides comfort and a protective feeling.



Day 2

Caring for your baby

Today you can give the bath yourself. If you had a caesarean section or if you gave birth late the day before, the midwife will show you how to give your baby a bath only today. To prevent your baby from throwing up, it is best to give the bath before feeding.

Weight of your baby

Is your baby still hungry after the feeding time? Report this to the midwife.

Babies often have hiccups, especially after eating. Unfortunately, there is nothing you can do about this.

Weight loss between 7% to maximum 10% of birth weight in the first week of life is normal. You can expect a weight gain of 115 - 225 g per week, until birth weight is doubled.

Care mum

A routine blood test will be performed today to detect possible anaemia.

Day 3

Baby blues

Mum's tears are also normal. The '**baby blues**' are caused by the change in hormones, fatigue and the big adjustment in your life that a baby brings. This is temporary, so just let it wash over you. Try to get as much rest as possible and allow help.

Baby sees yellow after birth

Why does my baby see yellow?

Your baby may turn yellow because his liver is not yet mature enough to break down all the waste products in the body. Jaundice in babies can be resolved by treating the baby with phototherapy. The baby is then placed on a mattress that emits blue light. It is also important to optimise breastfeeding.

Red blood cells are constantly being broken down and renewed in the body. One of these breakdown products is a yellow pigment called bilirubin.

Before birth

In the womb, the baby has more red blood cells than later in life. They serve for specific oxygenation since the baby does not breathe on its own. The breakdown occurs via the placenta and the mother's organism.

After birth

At birth, a natural process begins, the breakdown of red blood cells in the baby's liver.

Your baby may turn yellow because his liver is not yet mature enough to break down this extra supply of waste products in the body. This leaves too many waste products in the blood. 'Yellow' babies also tend to be lazier and drowsier.

Diagnosis

If the midwife suspects jaundice in your baby, she will do an initial check with a skin probe and possibly a blood sample.

Treatment

A decision is made in consultation with the paediatrician as to whether your baby needs light therapy (phototherapy).

- Your baby will be placed on a bili mattress.
- This mattress emits blue light.
- The blue light causes the bilirubin to be converted into an excretable form.

During phototherapy

- Your baby will stay in your room with you.
- You can continue to feed the baby yourself during phototherapy.
- Therapy is interrupted only for a feeding or washing moment.

Duration of phototherapy

The morning after therapy, the bilirubin level is checked again. If this has dropped sufficiently, your baby will no longer need phototherapy.

Points of interest

With 'yellow' babies, there are some areas of concern:

- Regular monitoring of body temperature.
- Sufficient hydration. Therefore, latch on often enough.
- To promote bilirubin excretion, you may have to give extra feedings. Because your baby is so drowsy, you will have to stimulate him well in this process. The midwife will help you with this.

Going home

If you feel well, you may go home earlier. Discuss this with the midwife in good time.

Day 4

Heel prick or Guthrie test

Monitoring test in which a few drops of blood are taken from newborn babies. This blood sample is used to detect rare metabolic diseases. You will receive proof of this.

You will only hear about the result if an abnormality is found and a check-up is needed. If you hear nothing about it within two weeks of the blood draw, it means the result is good.

If you went home earlier, it is very important to have this test done in time by your independent midwife. Ask the midwife to explain this.



Day 5

Going home

The midwife will give you a few more tips so that you are all ready to go home. If you have any questions, don't hesitate to ask.

The gynaecologist will also visit you and discuss the various contraceptive methods with you. After 6 weeks, it is best to go for a check-up with your gynaecologist. He or she will give you an appointment before you go home.

Any questions or problems?

Do not hesitate to contact us. You can still contact our midwives. For more specific questions, you can also contact the paediatrician (by appointment).

The Child and Family nurse will also visit you at home in the first or second week. Further follow-up moments are then also recorded.

11 Tips for home

You can almost go home. The birth of your baby will undoubtedly give your life a new direction. We hope you got many tips from us during your stay so that you can fully enjoy your new family at home. Here are some more tips to help you get started at home.

After your stay with us in the maternity ward, you can count on additional care. You can call on the services of an independent midwife who will follow up and accompany you at home. It is best to contact her during your maternity stay. Nine home visits are possible and are reimbursed by the health insurance company. Afterwards, reimbursement can only be obtained with a prescription.

When your baby is 1 month old, we would like to see your baby back for a check-up with the paediatrician. If your baby is less than 72 hours old and you went home earlier, the paediatrician would like to see you again on day 7 for an additional check-up. In case of problems, you can of course consult the paediatrics department earlier.

12 Tips for the mother

After the birth of your baby, your body needs to recover. Your body has to **'de-pregnant'**, which takes about **6 weeks**. Your body goes through the following changes:

Uterus

The uterus is getting smaller and smaller. Blood loss may continue for another **6 weeks or so** but will gradually diminish. The first monthly periods after childbirth can be quite profuse.

Cut or tear

A cut or tear needs time to heal. You may find a white thread in your sanitary napkin after a few days. This is from an internal suture. So don't worry about this.

We recommend taking a shower instead of a bath. Also avoid using highly scented bath products.

You can have sexual relations again when you are ready for it yourself.

The pelvic floor muscles

You may also experience leakage of urine, especially on exertion. Pelvic floor exercises strengthen your muscles. Postnatal exercises ensure a faster return of your normal figure and firmness.

Hormones

After giving birth, your hormonal balance changes. As a result, you may already have unexplained crying spells or feel dejected. It is important to talk about these feelings. If you struggle with these feelings for a longer period of time, do not hesitate to seek professional help.

These hormonal changes can also bring physical discomfort. For instance, hair loss is not exceptional for several weeks after childbirth.

But what if your pregnancy/birth turns out not to be a pink cloud? During pregnancy and/or childbirth, various symptoms may occur such as anxiety, gloomy feelings, ... It is possible to talk to a psychologist about this.

Medication

In case of pain, feel free to take a painkiller (e.g. Dafalgan 1gr, max. 4x/day). In case of prolonged pain, it is best to contact your gynaecologist.

Rest

Avoid fussiness during the first weeks. Also try sleeping during the day when the baby is sleeping, this compensates for the waking hours at night. The role of the partner is very important now. If you let your partner help take care of your baby, it will increase involvement and bonding in your new family.

13 Tips for your baby

The navel care

It is important to keep the navel (stump) clean and dry. If the navel (stump) is dirty, it may be cleaned with water and dried well afterwards.

The tub

Your baby does not need to be bathed daily - **2-3** times a week is enough. In case of dry skin or eczema, it is best to consult a paediatrician. He or she will help you with appropriate bath products and moisturisers.



Extra attention for the intimate zone

- **Girl:** clean with a cloth and lukewarm water if there are stools between the folds.
- **Boy:** the foreskin may be moved (towards the abdomen) but never force it.

Vitamins

At the maternity ward, a daily administration of **vitamin D** will be started. Two days after birth, your baby should receive **6 drops of vitamin D daily** and this until 6 years of age.

General tips

- **Never** leave your baby **alone in the car**. If you are going on a long car journey or if it is hot, it is best to let him/her drink at the breast in between. From 6 months you can give water as an extra.
- Maintain good **regularity**; don't disturb your child's rest.
- If your baby still sees some yellow, put him/her in front of the window at home from time to time. Daylight speeds up the process of reducing the yellowing.
- When you go hiking, keep in mind the weather and adjust the baby clothes if necessary.
- Do not use too many wet wipes. They quickly irritate baby's skin. To clean their bottom, it is best to use toilet milk and tissues. Wet wipes can be handy to take on trips, though.
- Never shake your baby! When you shake a baby, its head moves back and forth very quickly and with great force. The fine veins in the brain can then rupture and cause bleeding. This can lead to fits, deafness, blindness, brain damage and death.

Consult a doctor immediately

- If your baby is not yet 6 months old and his temperature is higher than 38°C or lower than 36°C and for no apparent reason.
- If your baby has diarrhoea. When the bowel movement consists only of water, i.e. when there are no solid particles in it. If your baby has difficulty making bowel movements, you can give a tummy massage to promote bowel movements.
- If your baby vomits or won't eat anything.
- If your baby has breathlessness.
- When your baby moans.
- If your baby looks unusually pale, sweats unusually much, breathes noisily or snores without being sick.
- If your baby's behaviour changes: unusually calm or excited.

Cot death and preventive measures

Cot death is the sudden and unexpected death of a child without physical abnormalities that was apparently healthy. The best sleeping position for your baby is supine and never in prone or side position. Be sure to apply the following measures:

- Always put your baby to sleep **on their back**, without a pillow.
- Provide a **smoke-free environment**. This is more likely to cause colds, bronchitis, ear infections and asthma. Never let your child sleep in a place where people are/were smoking.
- Stick around and **watch, listen and feel** regularly.
- Choose a **safe cot and bedding material**.
- Make sure your child **does not get too hot**.
- Ensure **peace** and **regularity**.
- Provide a room temperature between 18 and 20 degrees for a baby. From eight weeks, 18 degrees.
- Ventilate the room well.
- Never leave your baby alone with pets.
- Do not give cough syrup or other medication without a doctor's advice.
- Do not use a down blanket. A sleeping bag adapted to the baby's size is recommended.

If you want your baby close to you, the best option is to slide the cot against the big bed or choose a co-sleeper or side-bed. This is a safe way to sleep together with your child.



Sleeping together with your baby in bed (bed-sharing) is not recommended. The soft mattress, duvet, pillow and adult body and the lack of bars, increase these risks.

If you decide to take your baby into bed with you, consider the following safety recommendations:

- **Don't** leave your baby **alone** in the adult bed.
- **Don't** put your baby **between 2 people**.
- Put your baby' **s head at the head end** of the adult bed.
- Lay your baby in **the supine position** on a firm mattress.
- **Do not** use **a pillow**, banana pillow or nesting bag to lay your baby on.
- **Remove the cushions** away from your baby.
- **Use a sleeping bag** for your baby or replace the duvet with a thin blanket and make sure the bedding cannot cover your baby's face.
- Make sure your baby has **enough space** and cannot get pinched between the mattress and the wall, a bedside table or a bed rail.


In certain situations, sleeping together is extra dangerous for a baby:

- If one of the parents is a **smoker** or if the mother smoked during pregnancy.
- If one of the parents uses **alcohol, drugs or certain medicines** that cause drowsiness.
- When sleeping together on a **sofa** or **waterbed**.
- When sleeping together with **several people/children**.
- If one of the parents is **obese**.
- During the first three months if the baby was born **preterm or dysmature**.

'The problem is not sleeping together, but the conditions in which the baby sleeps. All major international studies show that there is an increased risk of cot death when babies sleep in the parents' bed.'

Professor Naulaers neonatologist UZ Leuven and expert in cot death.

HOE LEG IK MIJN BABY veilig te slapen?



Leg de baby steeds in **rugligging** zonder hoofdkussen

Je baby slaapt steeds in zijn **eigen bedje**, liefst vlakbij mama

Leg **geen speelgoed** ter hoogte van het hoofdje

Gebruik geen donsdeken, maar een aangepaste **slaapzak**

Verlucht de kamer dagelijks. **Rook niet** in de leef- en slaapomgeving van je baby

Verwam baby's kamertje niet hoger dan **18° tot 20° C**

Geef **geen hoestsiroop** zonder advies van de kinderarts

Leg de baby met zijn voetjes tegen **het voeteinde**

Vaccinations

Important advice from our paediatricians at Sint-Trudo Hospital and Child and Family.

At birth, a baby already has some protection against infectious diseases. After all, it already received antibodies during pregnancy. This protection diminishes and that is why a baby is vaccinated at 8 weeks. Vaccinating means administering a weakened germ, usually by injection, sometimes by mouth. The body then starts producing antibodies against the germ. When you later come into contact with this germ, the antibodies will ensure that you do not get sick (or get less sick).

The High Health Council recommends administration of the following vaccines to all children:

Vaccinatie toegen	8 weken	12 weken	16 weken	12 maanden	15 maanden (1)	5-7 jaar	10-13 jaar (2)	14-16 jaar
Polio								
Difterie (kroep)								
Tetanus (klem)								
Pertussis (krikhoest)								
Haemophilus Influenzae B (harsenvlies-ontsteking)								
Hepatitis B (geelzucht)								
Pneumokokken (13 serotypes)								
Rotavirus (3)								
Mazelen								
Roof (difterie)								
Ruifebrand (rubella)								
Meningokokken type C of ACWY (5)								
Humane Papilloma virus (4)								

gratis
 niet gratis
 combinatie-vaccinatie: 1 spuitje

Most of these vaccines are free of charge. You can choose to have your child vaccinated at Child and Family, the GP or paediatrician. With a gestational age of less than 37 weeks or a birth weight of less than 2.5

kg, an extra dose against pneumococcus is administered at 12 weeks and vaccines are brought forward from 15 months to 13 months. Only the poliovirus vaccine is legally required in Belgium but it is strongly recommended to have all these vaccines administered.



The polio certificate

- Keep the certificate until the child is fully vaccinated against polio.
- After the last dose (**at 15 months**), have the **certificate** completed by the attending physician.
- Deliver this certificate to the **Population Department** of the municipality where you live **before the baby** turns **18 months**. This is because vaccination against polio (infantile paralysis) is obligatory in Belgium.
- Those who have lost the polio form can obtain a **new copy** at the consultation office.
- For more information on vaccination, please visit the Child and Family website (www.kindengezin.be/nl/thema/gezondheid-en-vaccinatie/vaccinaties).

Additional vaccinations

In addition to these standard vaccinations, there are a number of additional vaccinations available. These vaccines are prescribed and must be purchased by the parents.

Note: vaccines must always be kept cool (in the fridge). There is a (small) refund from the health insurance funds.

Administration only possible with GP or paediatrician (not with Child and Family)

- **Bexsero:** vaccine against meningococcal type B. This bacterium can cause **meningitis**. Type B is the most frequently occurring meningococcal variant in Belgium. The disease is very rare but life-threatening and is most common in infants. The vaccine can be administered from the age of 2 months. 3 administrations are required (2 administrations if started after the age of 2 years).
Price: ± 86 euros/unit
- **Havrix/ Vaqta:** vaccine against **Hepatitis A**. This is an infectious inflammation of the liver (jaundice). The disease is almost non-existent in Belgium but is prevalent in Asia, Africa and South America. It is strongly recommended for people travelling with their children. The vaccine can be administered from the age of 1 year. 2 administrations are needed.
Price: ± 30 euros/unit
- **Varilrix/ Provarivax:** vaccine against **chicken pox**. This is a frequent childhood disease with skin rash (vesicles) and fever. Most children get this childhood disease before the age of 6. Usually, the course of the disease is harmless but complications such as pneumonia are possible. The vesicles can leave small scars. Vaccination is possible from the age of 1 year. 2 administrations are required.
Price: ± 50 euros/piece

Administration possible at Child and Family

- **Rotarix/ Rotateq:** vaccine against **Rota stomach flu**. Vaccination is highly recommended. The vaccine does not give 100% protection but has led to a spectacular reduction in the incidence of Rota gastroenteritis. First administration at 8 weeks of age. 2 or 3 administrations are needed (depending on the brand).
Price: ±12 euros/piece
- **Nimenrix:** vaccine against meningococcal serotypes A, C, W and Y. These bacteria can cause **meningitis**. In 2018, Belgium (like neighbouring European countries) saw an increase in meningococcal infections due to serotypes W and Y. For this reason, the High Health Council recommends vaccination against meningococcal type A, C, W and Y instead of only meningococcal type C. However, this vaccine is not free, while the vaccine against only meningococcal type C, is free. Only 1 administration is needed, at 15 months.
Price: ± 52 euros

14 Birth registration

If your child is born in Sint-Truiden, as a parent you are obliged to report the birth of your child to the registrar of births, marriages and deaths in Sint-Truiden within **15 calendar days**.

What to bring to the civil registry office?

- Proof of identity of parents (mother, father/co-mother or both).
- Marriage booklet (if you are married).
- Certificate of prenatal recognition if you recognised your child before birth (if you are not married).
- Your details and mobile phone number.

Contact details:










City Office










Kazernestraat13

3800 Sint-Truiden

tel: 011 70 14 14

e-mail: info.burgerzaken@sint-truiden.be

								
DATUM	UUR	TEMP.	URINE	STOEL- GANG	KLEUR STOEL- GANG	VOEDING	BRAKEN	GEWICHT

								
DATUM	UUR	TEMP.	URINE	STOEL- GANG	KLEUR STOEL- GANG	VOEDING	BRAKEN	GEWICHT

15**Additional reading on breastfeeding**

- https://www.borstvoeding.nl/English_pages
- <https://www.borstvoeding.com/>
- <https://www.borstvoedingvzw.be/>
- <https://www.kindengezin.be/nl>
- <https://debakermat.be/>

**Be sure to also take a look at our webpage.
Scan the QR code below:**



Notes

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Questions?

If you have any questions after reading this brochure, please do not hesitate to contact us. Below you will find a list of useful telephone numbers:

maternity ward (department H1)
tel: 011 69 98 41

gynaecology secretariat
tel: 011 69 94 85

paediatrics (department D2)
tel: 011 69 97 90

paediatrics secretariat
tel.: 011 69 96 30

- Mon to Thu: 09.00 -12.30 and 14.00 to 17.30
- Friday: 09.00 - 12.30 and 14.00 - 16.00

Child and Family Line
tel: 078 15 01 00

www.sint-trudo.be/en/departments/maternity

www.sint-trudo.be/en/departments/childrens-department-paediatrics



Diestersteenweg 100 • 3800 Sint-Truiden
www.sint-trudo.be

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